

**MONTHLY MANUFACTURED HOME DEALER CERTIFICATION FORMAT**

Department of Housing, Building & Construction  
 Manufactured Housing Section  
 101 Sea Hero Road, Suite 100  
 Frankfort, KY 40601-5405  
 (502) 573-0382 ext 405

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**Name of Manufactured Home Retailer**

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**Mailing Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
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I hereby certify that the used units described hereon have been inspected and a “B Seal” applied as required by 815 KAR 25:050, and that the new manufactured homes described hereon have the appropriate HUD label.

<b>No.</b>	<b>Serial #</b>	<b>HUD label and/or KY seal #</b>	<b>Mfg date</b>	<b>Model #</b>	<b>Consumer Name &amp; Address</b>

This form must be used in reporting units to the field inspector and/or the Manufactured Housing Section. This form, along with white copy of unit inspection for B-seal form (if applicable) shall be kept in your office for a period of 3 years and made available to our field inspectors upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KY 40601-5405

**“AFFIDAVIT OF SALE” (Salvage Only)**

KRS 227.600 (3) relates that, I, as a dealer may not sell a manufactured or mobile home that does not meet the reasonable standards set by the Manufactured Home Certification and Licensure Board. Any unit bearing a “B2” seal has defects, which render it uninhabitable to be sold by a dealer for use as a dwelling. Based on KRS 227.600(3), I may sell a unit as long as I notify the purchaser of the non-complying conditions and submit an affidavit stating same.

Date: \_\_\_\_\_

Acknowledgment is made of the receipt from \_\_\_\_\_

Make \_\_\_\_\_ Model# \_\_\_\_\_ Serial# \_\_\_\_\_

Purchased from \_\_\_\_\_ for the sum of \$ \_\_\_\_\_

It is expressly agreed that this manufactured or mobile home has been purchase in a salvage only condition. F.O.B. \_\_\_\_\_, and that the retailer has no liability for its condition or performance either present or future. The purchaser understands that this unit is not approved for habitation, as such, because the following conditions exist:

- the electrical, heating, cooling (if applicable), fuel burning and plumbing systems are unsafe and not working.
- the structural integrity of the building doors or windows are not sufficient.
- the sealing of all exterior holes to prevent entrance by rodents has not been completed.
- there is not at least one (1) working smoke detector near a bedroom on each floor level.
- there are no storm doors.
- there are not two (2) exits or escapes from the unit in the event of a fire, and the unit originally had two (2) exits or escapes.

SIGNATURE: \_\_\_\_\_

Purchaser (wife)

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Purchaser (husband)

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

SIGNATURE: \_\_\_\_\_

Retailer/Agent

Date Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

Name of Notary Public \_\_\_\_\_

seal

## **REQUEST FOR INSPECTION APPROVAL**

OFFICE OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KY 40601-5405  
(502)573-0382 ext 405

Request to be approved as an authorized Certified Dealer or a Certified Inspector to inspect manufactured and mobile homes sold in Kentucky purchased for use within the Commonwealth of Kentucky from another state.

**RETAILER** \_\_\_\_\_ **NON-RETAILER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

*(Street Number or Route and Box Number)*

\_\_\_\_\_  
*(City)* *(State)* *(County)*

\_\_\_\_\_  
*(Zip Code)* *(Area Code)* *(Phone #)*

I certify that I will comply with the Kentucky Manufactured Home and Recreational Vehicle Act in the inspection of all units as relates to plumbing, heating, electrical systems and operable smoke detection.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

Indicate flat rate if applicable \$ \_\_\_\_\_

## ZONING/LAND USE AUTHORITY FORM

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405

This is to certify that the \_\_\_\_\_ County/City  
*(Name of County/City)*

zoning authority has authorized the following  
address \_\_\_\_\_

\_\_\_\_\_  
*(Street address of dealership)*

as suitable and legally fit as a Manufactured/Mobile Home Sales and Service Center (Retail Dealer), location, at which the business of a dealer, including the DISPLAY OF HOMES, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

\_\_\_\_\_  
Signature of County Judge Executive or Chief Zoning Official

\_\_\_\_\_  
Date

\_\_\_\_\_ Zoning is not applicable in the above listed county/city.

\_\_\_\_\_  
Signature of County Judge Executive or Chief Zoning Official

\_\_\_\_\_  
Date

## LEASE OF PROPERTY FORM

I/We \_\_\_\_\_  
*Type or Print Name(s) & Mailing Address of Property Owner(s)*

Agree to lease to \_\_\_\_\_  
*Type or Print Applicant's Name(s) & Mailing Address*

\_\_\_\_\_ for a period of \_\_\_\_\_ years beginning  
*(Business to be used as a manufactured/mobile home  
sales center and service lot)*

on \_\_\_\_\_. The consideration to be paid is \$\_\_\_\_\_ a month.

Made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By and between  
\_\_\_\_\_, property owner(s), and  
\_\_\_\_\_, tenant.

\_\_\_\_\_ date  
*Signature of Property Owner(s)*

\_\_\_\_\_ date  
*Signature of Applicant(s)*

State of Kentucky

County of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ and  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

seal

**CERTIFICATE TO DO BUSINESS UNDER ASSUMED NAME**  
**KRS 227.500 et al**

File with county clerk, of, if corporation, obtain required form from Secretary of State, and file with Secretary of State and county clerk.

**TO WHOM IT MAY CONCERN:**

This certifies that the business to be known as

\_\_\_\_\_  
*(Name of Manufactured Home Dealership)*

\_\_\_\_\_ located in \_\_\_\_\_ County,  
*(Address of dealership)*

Commonwealth of Kentucky, is owned and operated by

\_\_\_\_\_  
*(Name of Owner(s))*

\_\_\_\_\_  
*(Address of Owner(s))*

\_\_\_\_\_  
Signature & Title of Owner(s)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public in and for the State and County indicated above, do certify that the foregoing instrument of writing was this date presented to me by \_\_\_\_\_, who delivered, signed and acknowledged same to be (his/her) act and deed.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Filing

seal

If Corporation, include only corporate assets and liabilities.

**ASSETS****CASH**

Bank Name, and Location

	Amount	
_____	\$ _____	
_____	_____	
		TOTAL \$ _____

**REAL ESTATE**

Description

	Value	Market Amount	Mortgage Value	Net
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
				TOTAL \$ _____

**ACCOUNTS & NOTES RECEIVABLE**

Source

	Amount	
_____	\$ _____	
_____	_____	
		TOTAL \$ _____

**OTHER ASSETS- ITEMIZE** (Stocks, securities, ins, surrender value, etc)

Description

	Value	Amount Owed	Net Value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
			TOTAL \$ _____
			(Total New Value)
			TOTAL ASSETS\$ _____

**LIABILITIES (Do not enter amounts, which are reflected above.)****ACCOUNTS & NOTES PAYABLE**

To	Date Due	Amount Owed	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
			TOTAL \$ _____

**TAX PAYABLE**

Amount \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**OTHER-ITEMIZE**

To	Date Due	Amount Owed	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
			TOTAL \$ _____

TOTAL LIABILITIES \$ \_\_\_\_\_

NET WORTH\$ \_\_\_\_\_

(total assets minus total liabilities)

Which of the amounts reflected in your net worth figure will be used as start up or operating capital for the home sales business?

CASH	\$ _____
REAL ESTATE	\$ _____
STOCKS, SECURITIES	\$ _____
OTHER (specify) _____	\$ _____
TOTAL INVESTMENT	\$ _____

**NOTE:** It is very important to complete this statement as accurately and correctly as possible. Improperly completed statements can cause a delay in approving your license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, supply separate statement attesting to that fact. Let your bookkeeper review for corrections.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**ATTACH COLOR PHOTOGRAPH OF AT LEAST POLAROID SIZE AS INDICATED BELOW**

1. Close up Picture of Lot Sign (Retail ONLY)  
(The lettering for this sign must be at least 6 inches tall, 1.5 inches wide, and clearly visible from the roadway)
2. Exterior & Interior View of Office
3. Front View of Lot
4. Rear View of Lot
5. Right Front Side View of Lot  
(Taken from at least 100 feet)
6. Left Front Side View of Lot  
(Taken from at least 100 feet)

Applicants, whether individuals, partnership, or principal officers or a corporation, must complete the following personal data form and sign a waiver authorizing the State Fire Marshal's Manufactured Home Inspection Division to run National Criminal Information Checks on their past record, if any. *(Use separate sheet for each person: sheet may be reproduced if necessary)*

### **DATA FORM**

- A. Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
B. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
C. Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Home Phone # \_\_\_\_\_  
D. Title/Position with dealership \_\_\_\_\_  
E. Place of residence \_\_\_\_\_  
F. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor, or had judgement rendered against you in any civil or criminal action? \_\_\_\_Yes \_\_\_\_No  
If yes, explain charge, disposition, and location of the court and date of conviction.
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- G. Has the applicant, individually, or as owner, partner, officer or director of a business entity, been convicted of pleaded guilty, or pleaded no contest in a criminal action, or had judgement rendered against him/her in a civil action for a violation of Sections of the Kentucky Code, or any substantively comparable provisions of the law of any other state? \_\_\_\_Yes \_\_\_\_No  
If yes, explain charge, disposition, and location of the court and date of conviction \_\_\_\_\_
- 

- H. Have you ever been granted a manufactured or mobile home dealer license in Kentucky or any other state? \_\_\_\_Yes \_\_\_\_No  
If yes, under what name, what year, what county and what state? \_\_\_\_\_
- 

- I. Have you ever been denied retail dealer license OR ever had a retail dealer license suspended or revoked in Kentucky or any other state? \_\_\_\_Yes \_\_\_\_No  
If yes, give name, date of action, state or other location and reason for action: \_\_\_\_\_
- 

- J. Give complete name and address of **all** business bank accounts:
- 
-

Photograph of each person named on form HBC MH #2(I)

(Use separate sheet for each person: sheets may be reproduced if necessary)

Photograph must be less than one (1) year old, must clearly show identity of each person depicted, and must be at least Polaroid size.

Photograph of person listed below

\_\_\_\_\_  
Name of Person Shown

### **EMPLOYMENT HISTORY**

List each place of employment, etc, for past, 10 years, beginning with the most recent.

<u>Place of Employment</u>	<u>Address</u>	<u>Dates Worked</u>	<u>Job Title &amp;</u>
<u>Description</u>			

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.**

**WAIVER RELEASE FORM**

I, \_\_\_\_\_, hereby authorize all persons who may be contacted by the Department or the Certification and Licensure Board to release any and all information that they may have concerning my employment, credit, or criminal records.

\_\_\_\_\_  
*Signature of Applicant*

STATE OF KENTUCKY

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

seal

FOR EACH PERSON (owner, partner, officer, etc) filling out this data form, supply photograph, less than one (1) year old, and complete history on next page.

**DRAWING OF THE PREMISES**

12. In the space provided below make a detailed plot layout drawing of the sales center showing the sales office, manufactured home display/storage area, service support area, and the dealership sign in relation to the nearest roadway. (Give dimensions)

13. COMMONWEALTH OF KENTUCKY  
COUNTY OF \_\_\_\_\_ TO WIT:

The undersigned states that he/she is the applicant or the authorized signatory of the applicant, he/she has an established place of business as that term is defined in KRS Chapter \_\_\_\_\_.227.550 et al. That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the license for which this application is submitted, and/of criminal charges pursuant to KRS \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

STATE OF KENTUCKY  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

seal

6. Name of owner or partners (**all**). Owners, partners, or corporate officers indicate percent of business owned. The owners must equal 100%. If additional space is required, attach separate sheet.

_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%

Has the above described address been previously utilized as a manufactured/mobile home dealership, and if so under what name \_\_\_\_\_

The last year license was issued in \_\_\_\_\_.

7. Do you own the property occupied by the proposed dealership? \_\_\_\_Yes \_\_\_\_No

If the property is not owned by the dealership, page HBC MH #2(H) must be filled completed, and a copy of the lease must be attached to this application. The lease must reveal the name(s) and address of the lessee and the lessor. If the property is owned a copy of the deed or an affidavit stating that you own the property must be attached.

8. Dimensions of display/storage center \_\_\_\_\_  
Dimensions of office \_\_\_\_\_

9. Is any other business operated on or from this location? \_\_\_\_Yes \_\_\_\_No

If yes, give nature of business \_\_\_\_\_

Business name and owner(s) name \_\_\_\_\_

10. Effective January 1, 1998, each Manufactured and Mobile Home Retailer shall obtain at least one (1) person who has successfully completed the approved educational courses dealing with the installation of manufactured homes. **The certified installer must be an employee (not a contractor)**

Certified Installer Name \_\_\_\_\_ Certification# \_\_\_\_\_

Is certification held in company name? \_\_\_\_Yes \_\_\_\_No

If yes, give the company name \_\_\_\_\_

11. Description of Service

A. Do you plan to perform your own:

____ Service	____ Maintenance (warranty work)
____ Installation/set-up	____ Transportation of homes

If so, briefly describe how this will be performed \_\_\_\_\_

Name of Employees: \_\_\_\_\_ Years of Experience \_\_\_\_\_

_____	_____
_____	_____

B. Do you plan to engage independent contractors to perform:

____ Service	____ Maintenance (warranty work)
____ Installation/set-up	____ Transportation of homes

If you plan to contract any of the above, please provide a letter of agreement attached to this application for each independent contractor used. The letter of agreement shall include the contractor's company name, its principals, address and telephone number and any other type and number of any business or certifications that such contractors hold. (Change of contractors or changes in letter of agreement must be submitted to the department with the effective dates of the changes)

OFFICE OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
(502) 573-0382 ext 405

## Application for Manufactured Home Retailer's License

This application must be completed in detail and typewritten. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; the officers and directors of the corporation operating under the corporate name or authorized assumed name, and any person with an ownership interest in the proposed business. The Manufactured Home Certification and Licensure Board must approve this application.

All licenses, unless renewed, revoked or suspended shall expire on December 31 of the calendar year for which they are granted. The license fee shall be \$250 (**see Payment Option Page enclosed**).

*New Initial Application* \_\_\_\_\_ *Change of Ownership* \_\_\_\_\_

1. Check Each Type of Home Sales Applicable:

New Manufactured Homes \_\_\_\_\_  
Pre-Owned Manufactured Homes \_\_\_\_\_  
Mobile Homes (*built prior to 1976*) \_\_\_\_\_  
Salvage Units (*"B2" Seal*) \_\_\_\_\_

2. Revenue Cabinet Sales Tax Permit Number \_\_\_\_\_ Fed Tax ID Number \_\_\_\_\_  
**A copy of Kentucky Sales Tax permit must accompany application.**

3. Give Name of  
Dealership \_\_\_\_\_  
Corporate Name if  
applicable \_\_\_\_\_

- (A) Sole proprietor applicants wishing to operate under an assumed name must attach an Assumed Name Certificate along with proof of filing with county clerk.  
(B) All other applicants (corporation, partnerships, etc. wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State and county clerk.  
(C) All corporations must furnish a copy of the Articles of Incorporation, along with proof of filing with the Secretary of State.

4. Credit Report from a Credit Reporting Agency. Persons needing to complete this information are:  
Sole Proprietors, General Partners in a Partnership and all Officers and Directors of a Corporation listed below:

5. Address of established place of business, as defined in KRS 227.500 and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Zip Code \_\_\_\_\_ Business

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail Address \_\_\_\_\_

**CERTIFICATE OF INSURANCE**

The dealership shall furnish and maintain with the department a Certificate of Insurance to certify proof of general liability insurance.

The general liability insurance shall be in the minimum amount of:

- **\$200,000 for bodily injury or death for each person**
- **\$300,000 bodily injury or death for each accident**
- **\$100,000 for damage to property**

Should any policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail thirty (30) days written notice to the certificate holder. The certificate holder on the dealership's Certificate of Insurance shall be:

**Office of Housing, Building and Construction  
Manufactured Housing Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405**